

Soil Management Plan For Post-construction Soil Standard (KCC 16.82)

12/5/06



King County

Department of Development
& Environmental Services

Use **Achieving the Post-construction Soil Standard** booklet instructions to carry out this Soil Management Plan.

Project Information

Complete all information on page 1, only site address and permit number on additional pages.

Site Address / Lot No.: _____

Permit Type: _____

Permit Number: _____

Permit Holder: _____

Phone: _____

Mailing Address: _____

Contact Person: _____

Phone: _____

Plan Prepared By: _____

Attachments

Attach the following to this plan:

- Scale site plan drawings that include areas to be treated with Soil Treatment Options 1, 2, 3, 4a and/or 4b
- Completed Compost and Topsoil Calculation Worksheet or printout of [online Compost and Topsoil Calculator](#) results. These calculations will be verified in the DDES permit office.
- Original compost and/or topsoil test results reports demonstrating that products contain adequate organic matter (for soil treatment options 2, 3 and/or 4b)
 - Topsoil should contain 30-40% of compost by volume, which is equivalent to 8-13% soil organic matter).
 - Compost should contain 40 – 60% organic matter.

Note: Retain original delivery tickets for compost and/or topsoil products for verification purposes.

Soil Treatment Options for Areas Identified on Site Plan

Soil treatment options available:

- **Option 1** – Leave native soil undisturbed, and protect from compaction during construction.
- **Option 2** – Amend existing soil in place.
- **Option 3** – Import topsoil mix with 8-13% soil organic matter content.
- **Option 4a** – For native soil: stockpile site duff and topsoil, and reapply after grading and construction.
- **Option 4b** – For disturbed soil: stockpile site soil, reapply, and amend in place.

Area _____ (refer to lettered areas mapped on site plan)

Square footage: _____

Selected soil treatment option:

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4a ☐ Option 4b

If using option 2 or 4b, select type of amendment rate:

☐ Pre-approved (2.5") ☐ Custom (with _____% Target Soil Organic Matter)

Area _____ (refer to lettered areas mapped on site plan)

Square footage: _____

Selected soil treatment option:

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4a ☐ Option 4b

If using option 2 or 4b, select type of amendment rate:

☐ Pre-approved (2.5") ☐ Custom (with _____% Target Soil Organic Matter)

Area _____ (refer to lettered areas mapped on site plan)

Square footage: _____

Selected soil treatment option:

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4a ☐ Option 4b

If using option 2 or 4b, select type of amendment rate:

☐ Pre-approved (2.5") ☐ Custom (with _____% Target Soil Organic Matter)

Use additional Soil Management Plan forms for additional areas, if necessary.

Record the compost and/or topsoil products to be used

Compost

Product #1: _____

Test Results: _____ % organic matter content

Quantity: _____ cubic yards

Supplier: _____

Product #2: _____

Test Results: _____ % organic matter content

Quantity: _____ cubic yards

Supplier: _____

Total cubic yards of compost _____

Topsoil

Product #3: _____

Test Results: _____ % organic matter content

Quantity: _____ cubic yards

Supplier: _____

Product #4: _____

Test Results: _____ % organic matter content

Quantity: _____ cubic yards

Supplier: _____

Total cubic yards of topsoil _____

FOR DDES USE ONLY

Plan Approval Record

Date: _____ Reviewer: _____ Approved: _____

Revisions Required: _____

Date: _____ Reviewer: _____ Approved: _____

Revisions Required: _____

Page _____ of _____